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CONFIRMATION NO. 4225

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.						
10/674,498	10/01/2003 RULE	399 358	2625	03560.003361.						
APPLICANTS Takayuki Suga, Ibaraki, JAPAN; Takeshi Aoyama, Chiba, JAPAN; Hyoe Iwata, Chiba, JAPAN; Yukihiro Miura, Ibaraki, JAPAN; Takehiro Kishi, Ibaraki, JAPAN;										
** CONTINUING DATA ***** None (A M S)										
** FOREIGN APPLICATIONS ***** Yes (A M S) JAPAN 2002-293774 10/07/2002										
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/20/2003										
<table border="1"> <tr> <td> Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/AKWASI SARPONG/</u> <small>Examiner's Signature</small> </td> <td> <input type="checkbox"/> Met after Allowance <u>AMS</u> <small>Initials</small> </td> <td> STATE OR COUNTRY JAPAN </td> <td> SHEETS DRAWINGS 5 </td> <td> TOTAL CLAIMS 8 </td> <td> INDEPENDENT CLAIMS 1 </td> </tr> </table>					Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/AKWASI SARPONG/</u> <small>Examiner's Signature</small>	<input type="checkbox"/> Met after Allowance <u>AMS</u> <small>Initials</small>	STATE OR COUNTRY JAPAN	SHEETS DRAWINGS 5	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
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ADDRESS FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112 UNITED STATES										
TITLE Image reading apparatus										
FILING FEE RECEIVED 822	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit						